

## COMPLAINT FORM

(for filers who are prisoners without lawyers)

(revised 4/19/2022)

**FILED**

**04/29/2024**

U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF INDIANA  
Roger A.G. Sharpe, Clerk

IN THE UNITED STATES DISTRICT COURT  
FOR THE Southern DISTRICT OF Indiana

(Full name of plaintiff(s))

Arthur Wayne Fey

v.

Case Number:

4:24-cv-61-TWP-KMB

(Full name of defendant(s))

(to be supplied by clerk of court)

Floyd county jail Doctor Dr Washington  
they refused To give me his full name

Sheriff Steve Bush

### A. PARTIES

1. Plaintiff is a citizen of Indiana and is located at  
(State)

New Albany Indiana 311 Hauss square  
(Address of prison or jail)

(If more than one plaintiff is filing, use another piece of paper).

2. Defendant Dr Washington  
(Name)

is (if a person or private corporation) a citizen of unknown  
(State, if known)

and (if a person) resides at unknown  
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for unknown  
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

Floyd County Jail Medical Dr. Washington  
Dr. Washington Did everything he could  
to keep me from going To Larry Zhou  
Pain Clinic

They Did it Between June 2022  
and Apr 2024

IT happend at The Floyd county Jail  
New Albany Indiana 47150  
They did it because The Sheriff  
didn't want To pay for it thats  
Just a guess

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$\_\_\_\_\_.

D. RELIEF WANTED

Describe what you want the court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or stop doing something.

I want \$240,000<sup>00</sup> That's \$10,000<sup>00</sup> a month for pain and suffering Mental anguish stress Depression

I would like to see Dr. Washington lose his Medical license because when you become a Doctor you ~~do~~ take a ~~hippocratic~~ hippocratic oath to give the best medical ~~care~~ care  
↑ but all he did was keep me from Medical care  
might be spelled wrong

I have been going To Larry Zhou  
Pain clinic for 5 years prior To  
being locked up I've had 2 neck  
Surgeries and need a third but The  
Third surgery is risky and dangerous  
They have To go thru your mouth not  
your neck so I've been getting the  
nerves burned in my neck every 6  
months and Epidorals ~~inbet~~ in between  
those 6 month along with Pain medication  
I was arrested June 9th 2022 I was  
sceduald To get my nerves burned in  
July 2022 I told The Doctor here all  
about it but he just didn't care  
burning the nerves in my neck is  
what kept my pain level To where I  
am able To put off The dangerous Surgery  
I've been disabled for 27 years my spine  
above and below my fusions is worn out  
im in alot of pain I stretch and exercise  
To stay as loose as possible if I stop moving  
and just lay around I get worst

E. JURY DEMAND



Jury Demand - I want a jury to hear my case  
OR



Court Trial - I want a judge to hear my case

Dated this 16 day of APR 2024.

Respectfully Submitted,

Wayne Fey  
Signature of Plaintiff

6284  
Plaintiff's Prisoner ID Number

Jail New Albany In. P.O. BOX 1406  
Home 816 ELMWOOD Ave N.A. IN 47150  
(Mailing Address of Plaintiff)

(If more than one plaintiff, use another piece of paper).

F. OPTIONAL CERTIFICATION

Under penalty of perjury, I declare that the facts alleged in this complaint are true and correct to the best of my knowledge and belief.

Wayne Fey  
Signature of Plaintiff

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE

**FILING FEE**



I **DO** request that I be allowed to file this complaint without paying the filing fee. I have completed a request to proceed in the district court without prepaying the fee and attached it to the complaint.



I **DO NOT** request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.